

CITY OF WESTMINSTER

Business License Division 8200 Westminster Boulevard, Westminster, CA 92683 (714) 548-3258 - www.westminster-ca.gov Hours: M-TH 7:30 a.m. - 5:30 p.m. F 7:30 a.m. - 4:30 p.m. Closed Alternate Fridays

OFFICIAL USE ONLY	
Business License #	
Dusiliess Licelise #	

CONTRACTOR BUSINESS LICENSE APPLICATION

Business Name Corporate Name (if applicable) Business Location Mailing Address Phone No.	(Cannot be P.O. Box per State of California Business & Professions Code-Section 17536.5) Fax No.	State Lic. N State Lic. T Expire Date Federal ID I State ID No	ype			
Description of Business Ownership Corporation Corp-Ltd Liability Sole Proprietor						
Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)						
1st Owner Name		Date of Birt	Date of Birth			
Title	Driv		Driver Lic. No.			
Home Address		Soc Sec N	Soc Sec No			
(Cannot be P.O. Box)			0.			
Home Phone No.	Cell / Pager No.					
2nd Owner Name	Owner Name		Date of Birth			
Title		Driver Lic. I	No.			
Home Address		Soc. Sec. N	0			
(Cannot be P.O. Box)			0.			
Home Phone No.	Cell / Pager No.					
Please calculate you	r Business Tax as follows:	Business Tax	\$		3110	
Value of contract or jo	ob \$ x .001 = \$(Minimum of \$5.00)	Application Fee	\$	110.00	640	
Enter the Business AMOUNT DUE.	Tax at the right and add the Application Fee for the TOTAL	TOTAL AMOUNT DUE	\$,		
NPDES Requirements						
The contractor shall conform to the requirements of the National Pollutant Discharge Elimination System (NPDES) Permit for Construction Activities, NPDES No. CAS000002, and City of Westminster Ordinance No. 2231 in compliance with the Federal Requirements for the Control of Urban Pollutants to Storm Water Runoff.						
subcontractors are requ	tect, in any means, all construction related materials from being transported ired to place gravel bags and fabric around all storm drain inlets, and also p om running into the storm drain systems.					
	Workers' Compensation Insurance					
I understand that under California law, I am required to carry workers' compensation insurance for my employees at all times. I further understand that my failure to have the appropriate coverage will subject me to civil penalties of \$10,000 per employee who is not covered by worker's compensation AND criminal penalties of up to one year in jail and/or a fine of up to \$10,000.						
•	't have employees right now, I will be required to get workers' compensation	n coverage as soon as I have	one o	r more employees		
I currently have employe		1 coverage as soon as I have	one of	Init	ial	
It is acknowledged by the undersigned that if it is determined by the City that the business does not comply with all applicable f is acknowledged by the undersigned that license may be revoked by the City. It is also aknowledged that any false statements made above are grounds for denial or revocation o may be revoked by the City. It is under penalty of perjury under the laws of the State of California, that the information provided in this application is true and correct.						
Signature of Owner or Representative: Print Name: Date: Date:						